

Inventory List of Goals in the Context of Botulinum Toxin A Treatment

Participant's GMFCS Level: _____

Please read the following and mark the boxes beside the description that best represents the body structure and function, activity, and participation that you would like your child to achieve after botulinum toxin treatment.

I would like the botulinum toxin treatment to help my child to...

Body Structure / Function	Activity	Participation
<p><u>Body Structure</u></p> <p>Improve Range of Motion</p> <p><input type="checkbox"/> In the legs</p> <ul style="list-style-type: none"> <input type="checkbox"/> and straighten the hips <input type="checkbox"/> and straighten the knees <input type="checkbox"/> and straighten the ankle <p><input type="checkbox"/> In the arms</p> <ul style="list-style-type: none"> <input type="checkbox"/> and raise the shoulders <input type="checkbox"/> and straighten the elbows <input type="checkbox"/> and straighten the wrists <input type="checkbox"/> and bend and flex the fingers <p><u>Function</u></p> <p><input type="checkbox"/> Reduce overall muscle tone</p> <p><input type="checkbox"/> Reduce the amount of drooling</p> <p><input type="checkbox"/> Reduce the feeling of generalized pain</p> <p><input type="checkbox"/> Increase bone health and strengthen bones</p> <p><input type="checkbox"/> Sleep with few disturbances</p>	<p><input type="checkbox"/> Increase mobility</p> <ul style="list-style-type: none"> <input type="checkbox"/> and walk for longer distances <input type="checkbox"/> and stand for longer periods of time <input type="checkbox"/> Facilitate ease of transfers in position (ex. from bed to chair) by care provider <p><input type="checkbox"/> Sit comfortably and with good posture</p> <p><input type="checkbox"/> Be able to use assistive equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> and use a walker <input type="checkbox"/> and use a wheelchair <input type="checkbox"/> and use a stander <p><input type="checkbox"/> Tolerate braces</p> <ul style="list-style-type: none"> <input type="checkbox"/> and wear braces for a longer period of time <p><input type="checkbox"/> Tolerate exercise</p> <ul style="list-style-type: none"> <input type="checkbox"/> and be able to do stretching exercises <p><input type="checkbox"/> Manipulate and use small objects with hands (e.g. writing supplies such as a pencil, light switches)</p> <p><input type="checkbox"/> Manage personal hygiene (e.g. diapering, toileting)</p> <ul style="list-style-type: none"> <input type="checkbox"/> By patient <input type="checkbox"/> By care provider <p><input type="checkbox"/> Change clothes</p> <ul style="list-style-type: none"> <input type="checkbox"/> and facilitate ease of dressing (e.g. socks, pants) <ul style="list-style-type: none"> <input type="checkbox"/> By patient <input type="checkbox"/> By care provider <input type="checkbox"/> and reduce the time taken to put on clothes <ul style="list-style-type: none"> <input type="checkbox"/> By patient <input type="checkbox"/> By care provider <p><input type="checkbox"/> Eat meals</p> <ul style="list-style-type: none"> <input type="checkbox"/> and provide easier use of utensils <input type="checkbox"/> and reduce the time taken to eat meals 	<p><input type="checkbox"/> Be able to participate and compete</p> <ul style="list-style-type: none"> <input type="checkbox"/> In wheelchair sports <p><input type="checkbox"/> Recreational activities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Swimming <input type="checkbox"/> Biking <input type="checkbox"/> Community groups <p><input type="checkbox"/> School activities</p> <p><input type="checkbox"/> Religious activities</p>